PAGE 1 / 25

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	ıthorized Com	mittee		O	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5	
Friends of Corrine Br	own					1
	: 2502 Carriana M					
DDRESS (number and street)	3563 Carriage V	vaik vvay				
▼ Check if different						
than previously reported. (ACC)	Laurel				MD 20	0724
FEO IDENTIFICATION		CITY ▲		9	STATE A	ZIP CODE ▲
. FEC IDENTIFICATION	NUMBER *					STATE ▼ DISTRICT
C C00272732		3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)	
					. ,	_
. TYPE OF REPORT (Choose One)	(b) 12-Day PRE	-Election Report	t for the		
(a) Quarterly Reports:		(2) 12 Day 1112		-	1	П
April 15 Quarterly	y Report (Q1)		Primary (12P)	×	General (120	Runoff (12R)
July 15 Quarterly	Report (Q2)		Convention (12	2C)	Special (12S)
October 15 Quar		Election on	M 11 M	08 /	Y Y Y Y 2016	in the State of
January 31 Year-	End Report (YE)	(c) 30-Day POS	T -Election Repo	ort for the:		
		П	General (30G)	Г	Runoff (30R)	Special (30S)
Towningtion Dans	out (TED)		30.10.1di. (55.3)			
Termination Repo	ort (IER)	Election on	M M /	D D /	YYYY	in the State of
- In	M / D D /	Y Y Y Y		м и	/ D D /)	Y Y Y
. Covering Period	10 01	2016	through	10	19	2016
certify that I have examined	this Report and to	the best of my kr	nowledge and be	elief it is tru	ue, correct and c	omplete.
ype or Print Name of Treasu	Simmons, Glor rer	ia, , Ms.,				
Si Signature of Treasurer	immons, Gloria, , Ms.,		[Electronically Fi	<i>led]</i> D	ate	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
OTE: Submission of false, erro	oneous, or incomplete	e information may	subject the perso	on sianina t	nis Report to the	penalties of 52 U.S.C. 83010
Office		omiation may	Labjoot the person	organing ti	Hoport to the	
Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 25

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Friends of Corrine Brown

2016 10 2016 10 19 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 722901.07 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 4427.22 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 718473.85 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 4574.27 623073.71 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4574.27 623073.71 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -6100.89 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 120475.44 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

Friends of Corrine Brown

of Receipts

PAGE 3 / 25

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 352520.82 (i) Itemized (use Schedule A)..... 20880.25 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 373401.07 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 349500.00 (such as PACs) 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 722901.07 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 100800.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 100800.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 500.00 2919.06 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 500.00 826620.13 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 25

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	4574.27	623073.71	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
10	LOAN REPAYMENTS:			
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other Than Political Committees	0.00	2027.22	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	2400.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	4427.22	
21.	OTHER DISBURSEMENTS	0.00	313.95	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4574.27	627814.88	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	-2026.62	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	500.00	
25.	SUBTOTAL (add Line 23 and Line 24)		-1526.62	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	4574.27	
7	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	-6100.89	

SCHEDULE A (FEC Form 3)

PAGE 5 OF 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c **Detailed Summary Page x** 15 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Corrine Brown Full Name (Last, First, Middle Initial) Nelson, Willa, , , Date of Receipt Mailing Address 803 E. Jefferson 01 City State Zip Code Transaction ID: VSHBCDFPVK1 FL 32099 Jacksonville FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Information Requested Information Requested Memo Item Receipt For: 2016 Election Cycle-to-Date **x** Primary General 500.00 Other (specify) refund of office expense Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA15

Transaction ID: VSHBCDFPVK1

refund of office expense

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 7 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Corrine Brown Full Name (Last, First, Middle Initial) A. Giant Oil Date of Disbursement 2016 10 16 Mailing Address 4453 San Juan Ave City State Zip Code **FEC Identification Number** FΙ Jacksonville 32210-3357 Purpose of Disbursement Travel C Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 34.98 Senate Primary ✗ General Transaction ID: VSGC49TV268 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) J Pope Consulting, LLC Date of Disbursement Mailing Address 10503 Sweetbriar Pkwy 2016 10 City State Zip Code **FEC Identification Number** MD 20903-1238 Silver Spring Purpose of Disbursement Consulting Services Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV2D3 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. NGP VAN, Inc Date of Disbursement Mailing Address 1101 15Th St NW 10 13 2016 Ste 500 City State Zip Code **FEC Identification Number** Washington DC 20005-5006 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type 3300.00 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV276 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 3834.98 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 8 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20b 20c

ITEMIZED DISBURSEMENTS 19b 20a 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Corrine Brown Full Name (Last, First, Middle Initial) Date of Disbursement Petty Cash 2016 10 16 Mailing Address 5238 Norwood Ave Ste 6 City State Zip Code **FEC Identification Number** FΙ Jacksonville 32208-5005 Purpose of Disbursement Petty Cash Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 300.00 Office Sought: House Senate Primary ✗ General Transaction ID: VSGC49TV250 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) **PNC Merchant Services** Date of Disbursement Mailing Address 1 Pnc Plz 03 2016 10 City State Zip Code **FEC Identification Number** PΑ 15265-0001 Pittsburgh Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 35.00 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV2C5 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. PNC Merchant Services Date of Disbursement Mailing Address 1 Pnc Plz 10 05 2016 City Zip Code State **FEC Identification Number** Pittsburgh PΑ 15265-0001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 5.18 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV292 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 340.18 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 9 FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18 19a

25

for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Corrine Brown Full Name (Last, First, Middle Initial) Date of Disbursement PNC Merchant Services 2016 10 05 Mailing Address 1 Pnc Plz City State Zip Code **FEC Identification Number** PΑ Pittsburgh 15265-0001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 16.08 Senate Primary ✗ General Transaction ID: VSGC49TV2A0 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) **PNC Merchant Services** Date of Disbursement Mailing Address 1 Pnc Plz 05 2016 10 City State Zip Code **FEC Identification Number** PΑ 15265-0001 Pittsburgh Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 25.10 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV2B7 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. PNC Merchant Services Date of Disbursement Mailing Address 1 Pnc Plz 10 2016 City Zip Code State **FEC Identification Number** Pittsburgh PΑ 15265-0001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 326.83 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: VSGC49TV284 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 368.01 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 10 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Corrine Brown Full Name (Last, First, Middle Initial) Date of Disbursement Shell Oil 2016 10 18 Mailing Address 910 Louisiana St State City Zip Code **FEC Identification Number** TX Houston 77002-4934 Purpose of Disbursement Travel C Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 31.10 Office Sought: House Senate Primary ✗ General Transaction ID: VSGC49TV242 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 31.10 TOTAL This Period (last page this line number only)..... 4574.27

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID: VSHBCCKPRP9L
LOAN SOURCE Full Name (Last, First, It Brown, Corrine, , ,	Middle Initial)	Memo Item Election: 2010 Primary General
Mailing Address 611 Appian Way		Other (specify)
City	State	ZIP Code 32208-3502 X Personal Funds of the Candidate
Jacksonville		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 1000.00 500.00
TERMS Date Incurred	[Date Due Interest Rate Secured:
M09M / D27D / Y Ž01Ŏ Y	M M / D D	No Due Date 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	Zir Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	ıl)	500.00
TOTALS This Period (last page in this line of	nly)	7 7
Carry outstanding halance only to LINE 2.5	Schedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.
our y outstanding balance only to LINE 3, a	onedale D, IOI IIII	5 miles in the contendice b, carry forward to appropriate line of Suffilliary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF FOR LINE NUMBER: (check only one)

X 13a 13b

	ME OF COMMITTEE (In Full) riends of Corrine Brown				Tran	saction ID : VSHBCCKPRS2L	
	LOAN SOURCE Full Name (Last, Brown, Corrine, , ,	First, Mid	Idle Initial)		☐ Memo It	em Election: 2012 Primary General	
	Mailing Address 611 Appian Way					Other (specify)	
-	City State ZIP Co				de -3502	Personal Funds of the Candidate	
				ment To		Balance Outstanding at Close of This Period	
	2000	.00			0.00	2000.00	
	TERMS Date Incurred		D	ate Due	Interest (If none, e		
	M11 ^M / D26 ^D / Y Ž01Ž	Υ	M M / D D	/ Ňo	Ďue Ďate	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	• • • •	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	. , . ,	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
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т	OTALS This Period (last page in this	line only	·) ······		······	9 9	
C	carry outstanding balance only to LII	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carry	forward to appropriate line of Summary.	
	, ,,	,					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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13a 13b

OF

	ME OF COMMITTEE (In Full) riends of Corrine Brown				Tran	saction ID: VSHBCCKPRY2L	
	LOAN SOURCE Full Name (Last, Brown, Corrine, , ,	First, Mic	ddle Initial)		☐ Memo Ite	Election: 2016 X Primary General	
	Mailing Address 611 Appian Way					Other (specify) ▼	
	City State ZIP Co				de -3502	▼ Personal Funds of the Candidate	
	Jacksonville Original Amount of Loan		FL Cumulative Pay			Balance Outstanding at Close of This Period	
	800	0.00			0.00	800.00	
	TERMS Date Incurred		D	ate Due	Interest F (If none, e		
	M01M / D13D / Y Z01S	Υ	M M / D D	/ Y	ňoně ^Y	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	• • •	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , ,	
	4. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
SI	JBTOTALS This Period This Page (optional)	<u>'</u>			800.00	
	OTALS This Period (last page in this					, , , , ,	
	arry outstanding balance only to LII	NF 3 Sch	nedule D for this	s line If	no Schedule D. carry f	orward to appropriate line of Summary.	
ı	and carotanianing parameter of the to Lin	0, 301	.caa.c D, ioi ulis	,e. II	Jonedane D, Carry I	or mana to appropriate inte or outfittally.	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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	13b

	ME OF COMMITTEE (In Full) riends of Corrine Brown				Trai	nsaction ID : VSHBCCKPRR5L	
	LOAN SOURCE Full Name (Last, Brown, Corrine, , ,	First, Mid	Idle Initial)		☐ Memo I	tem Election: 2016 X Primary General	
	Mailing Address 611 Appian Way					Other (specify) ▼	
	City State ZIP Co				de -3502	Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay			Balance Outstanding at Close of This Period	
	25000	0.00	,		0.00	25000.00	
Ī	TERMS Date Incurred		D	ate Due	Interest (If none,		
	^M 06 ^M / ^D 28 ^D / Y Ž016	Υ	M M / D D	/ Y	ňone ^Ý	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	• • • •	Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	. , ,	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
•	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	. , ,	
•	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	. , ,	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
-	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
sı	JBTOTALS This Period This Page (optional)				25000.00	
т	OTALS This Period (last page in this	line only	·) ······		······································	7 7 7	
С	arry outstanding balance only to LI	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carrv	forward to appropriate line of Summary.	
	, ,,	, -5					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

_						135
	ME OF COMMITTEE (In Full) riends of Corrine Brown				Transa	ction ID : VSHBCCKPRV8L
	LOAN SOURCE Full Name (Last, Brown, Corrine, , ,	First, Mic	Idle Initial)		☐ Memo Item	Election: 2016 x Primary General
-	Mailing Address 611 Appian Way					Other (specify)
	City		State FL	ZIP Co 32208		Personal Funds of the Candidate
-	Jacksonville					Outstanding of Change (This Point
	Original Amount of Loan 25000	0.00	Cumulative Pa	yment 10	0.00	ance Outstanding at Close of This Period 25000.00
	TERMS Date Incurred		С	Date Due	Interest Rat (If none, ente	
	^M 06 ^M / ^D 29 ^D / Y Ž016	Y	M M / D D	/ Y		00
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7
	2. Full Name (Last, First, Middle In	itial)			Name of Employer	
-	Mailing Address				Occupation	
-	0.4.	04-4-	7ID 0- 1-		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	yy
	3. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed	
-	4. Full Name (Last, First, Middle In	itial)			Outstanding: Name of Employer	, , , , , , , , , , , , , , , , , , , ,
-	Mailing Address				Occupation	
				Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
SL	JBTOTALS This Period This Page (optional)				25000.00
тс	OTALS This Period (last page in this	line only	·) ·······			7 7 7
	own, outotonding below a subset 11	NE 2 Cat	nodulo D. f-:: #11	o line "	no Cohodula D. aarra (word to appropriate line of Communication
l C	arry outstanding balance only to LI	N⊏ J, SCr	ieauie ש, tor this	s line. If	no schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		135
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID: VSHBCDAWRY9L
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2016
Brown, Corrine, , ,	,	Memo Item X Primary General
Mailing Address 611 Appian Way		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Jacksonville	FL	32208-3502 T G33/1al 1 unus of the Garididate
Original Amount of Loan	Cumulative Page	
5000.00	9	0.00 5000.00
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)
M08M / D19D / Y Z016 Y	M M / D D	/ Y ňone Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF FOR LINE NUMBER: (check only one)

X 13a 13b

NAME OF COMMITTEE (Friends of Corrine			Transa	action ID: VSHBCCZKX66L		
Brown, Corrine,	Name (Last, First, Mic	ddle Initial)	☐ Memo Iter	n Election: 2016 X Primary General		
Mailing Address 611 Appian Way				Other (specify) ▼		
City		State	ZIP Code	Personal Funds of the Candidate		
Jacksonville		FL	32208-3502	1 orderian i ande er me eariandate		
Original Amount of I	_oan	Cumulative Page	yment To Date Ba	lance Outstanding at Close of This Period		
	10000.00	7	0.00	10000.00		
TERMS Date	Incurred	С	late Due Interest Ra			
^M 08 ^M / ^D 26 ^D	[/] Ž01ể ^Y	M M / D D	/ Y ňoně Y	0.00 % (apr) Yes X No		
	r Guarantors (if any) t	o Loan Source				
1. Full Name (Last,	First, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,		
2. Full Name (Last, F	rirst, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
		T	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
3. Full Name (Last, F	irst, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
O:+ .	04-4-	7ID 0- 1-	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
4. Full Name (Last, F	irst, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address					
0''	lo		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
SUBTOTALS This Perio	d This Page (optional)			10000.00		
				10000.00		
				· · · · · · · · · · · · · · · · · · ·		
Carry outstanding balar	nce only to LINE 3. Sch	edule D, for this	s line. If no Schedule D, carry for	rward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID : VSHBCCZKX74L
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2016
Brown, Corrine, , ,	,	Memo Item Clection: 2016
Mailing Address 611 Appian Way		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Jacksonville	FL	32208-3502 Tersonal Funds of the Gandidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00 10000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M08M / D26D / Y Ž016 Y	M M / D D	/ Y ňoně Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		10000.00
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID : VSHBCDAWH83L
LOAN SOURCE Full Name (Last, First, Brown, Corrine, , ,	Middle Initial)	Memo Item Election: 2016
Mailing Address 611 Appian Way		Other (specify) ▼
City	State	ZIP Code 32208-3502 Personal Funds of the Candidate
Jacksonville		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 10000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured:
M08M / D29D / Y Z016 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	10000.00
TOTALS This Period (last page in this line	only)	7 7 7
		7 7
Carry outstanding balance only to LINE 3,	scnedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID: VSHBCDBJ4T5L
LOAN SOURCE Full Name (Last, Fire Brown, Corrine, , ,	Memo Item Election: 2016 Primary	
Mailing Address 611 Appian Way	X General Other (specify) ▼	
City Jacksonville	State	ZIP Code 32208-3502 Personal Funds of the Candidate
Original Amount of Loan		ayment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	I	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D02D / Y Z016 Y	M M / D I	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
		Amount
City	ate ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle Initia)	Outstanding: Name of Employer
Mailing Address		Occupation
		Amount
City	ate ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	5000.00
TOTALS This Period (last page in this lin	e only)	7 7
		7 7
Uarry outstanding balance only to LINE	, Scnedule D, for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F ' + H9 A = N5 H+C B

Form/Schedule: SC/10

Transaction ID: VSHBCDBJ4T5L

Loan to the campaign from Congresswoman Corrine Brown

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Friends of Corrine Brown		Transaction ID: VSHBCDBJDG5L
LOAN SOURCE Full Name (Last, First, Mic	☐ Memo Item	
Brown, Corrine, , ,	General	
Mailing Address 611 Appian Way		Other (specify) ▼
City	State	ZIP Code Record area Personal Funds of the Candidate
Jacksonville	FL	32208-3502
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00 10000.00
TERMS Date Incurred	C	Date Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D13 ^D / Y Ž016 Y	/ Y ňoně Y 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		10000.00
TOTALS This Period (last page in this line only	/)	103300.00
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F ' + H9 A = N5 H+C B

Form/Schedule: SC/10

Transaction ID: VSHBCDBJDG5L

Loan to the campaign from Congresswoman Corrine Brown

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9 **x** 10

25

OF

NAME OF COMMITTEE (In Full) Friends of Corrine Brown A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Voter Outreach Calling Services Influential Data Mailing Address 12121 Wilshire Blvd Ste 750 City State Zip Code 90025-1084 CA Los Angeles Transaction ID: VSEDM9H7MY9 Outstanding Balance Beginning This Period 4105.44 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4105.44 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Lee Lewis Media Management Magazine Copies Mailing Address 5300 Memorial Dr City State Zip Code Stone Mountain 30083-3148 GΑ Outstanding Balance Beginning This Period Transaction ID: VSEDM9H7KS7 1500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 1500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Lee Lewis Media Management Printing and Direct Mail Services Mailing Address 5300 Memorial Dr City State Zip Code GΑ Stone Mountain 30083-3148 Outstanding Balance Beginning This Period Transaction ID: VSEDM9H7MH6 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5000.00 0.00 1) SUBTOTALS This Period This Page (optional) 10605.44 2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

NA

(Use separate schedule(s) for each numbered line)

PAGE (check only one)

25 OF 25 FOR LINE NUMBER: 9 **X** 10

IAME OF COMMITTEE (In Full) Friends of Corrine B	rown				
A. Full Name (Last, First, Middle Initial) of Main Street Communications	Nature of Debt (Purpose): Communications Consulting Services				
Mailing Address 1300 NE 94Th St					
City Miami Shores	State FL	Zip Code 33138-2902			
Outstanding Balance Beginning This Per	iod		Transaction ID: VSEDM9H7KT5		
6450.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	6450.00		
B. Full Name (Last, First, Middle Initial) of Sandler, Reiff, Young & Lam	Nature of Debt (Purpose): Legal Services				
Mailing Address 1025 Vermont Ave NW Ste 300					
City Washington	State DC	Zip Code 20005-6302			
Outstanding Balance Beginning This Per	iod		Transaction ID: VSEDM9H7MN8		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	120.00		
C. Full Name (Last, First, Middle Initial) of	Nature of Debt (Purpose):				
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Per	iod				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
7		7 7 7			
SUBTOTALS This Period This Page (optic	6570.00				
TOTALS This Period (last page this line n	17175.44				
TOTAL OUTSTANDING LOANS from Sch	103300.00				
ADD 2) and 3) and carry forward to appro	▶ 120475.44				